UNITED STATES MARINE CORPS
MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE
PSC BOX 20005
CAMP LEJEUNE NC 28542-0005

MCIEAST-MCB CAMLEJO 1754.1A
MCCS
20 OCT 2016

MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE CAMP LEJEUNE ORDER 1754.1A

From: Commanding General
To: Distribution List

Subj: LEJEUNE AND NEW RIVER FAMILY ADVOCACY PROGRAM (FAP)

Ref: (a) DoD Instruction 6400.06, "Domestic Abuse Involving DOD Military and Certain Affiliated Personnel," 9 July 2015
(b) DoD Instruction 6400.01, "Family Advocacy Program (FAP)," 13 February 2015
(c) SECNAVINST 1752.4B
(d) MCO 1754.11
(e) MARADMIN 567/03 of 9 Dec 03
(f) SECNAVINST 1754.1B
(g) MARADMIN 206/06 of 2 May 06
(h) 10 U.S.C. 47
(i) H.R. 1277
(j) MCO 1710.30
(k) MCO 1752.5B

Encl: (1) Definitions
(2) Sample Appointment Letter Assigning Primary/Alternate Family Advocacy Officer
(3) Responsibilities of Family Advocacy Committee (FAC) Members
(4) Incident Status Determination (ISD) Process
(5) Criteria for Incident Determination Committee (IDC) of Reports of Child Abuse and Domestic Abuse
(6) Family Advocacy Program Manager (FAPM) Guidelines
(7) Military Protective Order (MPO)
(8) Reports Required
(9) Decision Tree Algorithm

1. Situation. To set forth policies and amplifying instructions regarding references (a) through (k), and to provide specific guidance for the administration of a protective FAP, complimented by a coordinated community response (CCR) to family violence.

2. Cancellation. MCIEAST-MCB CAMLEJO 1754.1.

3. Mission. The FAP is a multifaceted, multidisciplinary program designed to address the problems associated with spouse, intimate partner, and child abuse within the Navy and Marine Corps community. Close cooperation with and among the Installation's tenant and subordinate commands, the military and civilian police, medical, legal, social, and correctional agencies is essential to the success of a CCR to domestic violence. The focus of the program is to prevent child and spouse abuse, to intervene to protect victims, and to hold offenders accountable for their actions. Definitions of terms used in this Order are found in enclosure (1).

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4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. Domestic violence and child maltreatment will not be tolerated. The focus of the FAP shall be prevention, victim safety and protection, offender accountability, rehabilitative education and counseling, and community accountability and responsibility for a consistent, appropriate response.

(2) Concept of Operations

(a) Prevention. Awareness of the dynamics and effects of abuse, the characteristics of the offender and victims, and the services available to help families and individuals are essential to help prevent future abuse. Briefings to personnel are essential to ensure all service members understand reporting requirements for suspected abuse incidents and the personal consequences of involvement in abusive conduct. Periodic briefings will be given to personnel who deal with abuse cases, such as commanding officers (COs), chaplains, military law enforcement personnel, family child care providers, Department of Defense Dependents Schools (DoDDS) personnel, youth recreational activities personnel, drug and alcohol counselors, medical staff, and social services providers. Instruction covering the dynamics of family abuse with emphasis on recognition, reporting requirements and procedures, and available resources for rehabilitation and victim services is critical for all military and civilian supervisors.

(b) Victim Safety and Protection. Upon discovery of an incident of domestic violence, primary concern will be focused on preventing subsequent abuse. One of the parties will be removed from the residence, if determined necessary to protect the victim, and will remain away from the other party until a proper risk assessment is made by a qualified member of the FAP. MPOs and intervention will be used to minimize the subsequent risk to the victims. In some instances where the victim is an active duty service member and the offender cannot be removed from the residence, the victim may be removed in consideration of the need for safety. Responsive reaction and intervention after early indications of the abuse can prevent subsequent incidents of more serious consequences in the future.

(c) Offender Accountability. Offenders must be held accountable for their actions without allowing rationalization to minimize the nature of the offense and for faithful execution of rehabilitative measures as directed by their COs.

1. When making an initial disposition with respect to an act of child abuse and domestic abuse, a commander may consider information that was presented to the IDC. Additionally, information presented to an IDC may also be introduced into evidence applicable to the proceeding in question. This in no way increases or restricts a commander's ability to determine appropriate accountability for an offense committed by the service member.

2. Per reference (a), the Lautenberg Amendment potentially affects any active duty Service Member or civilian employee who has been convicted of domestic violence, making it imperative that commanders familiarize themselves with this law. The Lautenberg Amendment makes it a felony for anyone convicted of a misdemeanor crime of "domestic violence" (e.g., assault or attempted assault on a family member) to ship, transport, possess, or receive firearms or ammunition. There is no exception for military personnel engaged in official duties. The Amendment also makes it a felony for anyone to sell or issue a firearm or ammunition to a person with such a conviction. This includes commanders and noncommissioned officers (NCOs) who furnish weapons or ammunition to service members knowing, or having reason to believe, they have qualifying convictions.

(d) Rehabilitative Education and Counseling. Research shows most individuals involved in family maltreatment cases are not mentally ill or criminally motivated. In fact, offending service members are often proven performers who are recommended for retention. Many service members involved in child or spouse abuse have a record of solid job performance. Once they are identified as abusive and placed in a rehabilitative program which holds them accountable for their actions, they can be taught to alter their behavior. Military families involved in abuse situations are often identified earlier than their civilian counterparts. Such early identification greatly improves the chances of either stopping abuse within the family or reducing the level and frequency of recurring violence.

(e) Community Accountability/Responsibility. Per references (b) and (c), installation commanders shall cooperate with civilian agencies and observe local laws related to child and domestic abuse incident notifications and reporting. Memoranda of Understanding should be used as appropriate. To minimize gaps in service, commanders will work closely with local and state officials, but these efforts shall not exceed limits set forth in reference (c).

b. Tasks

(1) COs:

(a) Hold military offenders accountable for their actions.

(b) Receive training on the prevention of and response to child abuse and domestic abuse within 90 days of assuming command, and annually thereafter.

(c) Ensure completion of FAP IDC training prior to participation in the IDC, per reference (d).

(d) Appoint a primary and secondary officer to receive training and participate in the IDC utilizing enclosure (2). Secondary appointees participate in the IDC only in the event the primary appointee is unavailable. This requirement only pertains to those unit commanders who are convening authorities.

(e) Participate in the IDC.

(f) Support clinical case staff meeting (CCSM) treatment recommendations.

(g) Notify the Installation FAPM when orders are pending to reassign Service members and/or family members with open FAP cases.

(h) Ensure all Marines attend annual educational/awareness briefings on prevention of child abuse and domestic abuse.

(i) Report to the FAP and law enforcement all suspected and alleged incidents of child abuse and domestic abuse involving military personnel or their families.

(j) Provide members for FAP committees as required by this Order.

(2) Family Advocacy Committee (FAC) is a multidisciplinary team composed of members as defined in reference (d), is responsible for the policy-making, coordination, and oversight of the Installation's FAP as outlined in enclosure (3). Representatives from the local community and other agencies may be invited to participate in a consulting role. These representatives are to be senior within their organizations. Representation should not be delegated to junior members who have no policy-making authority within their respective organizations. The FAC will:

(a) Advise the installation commander on policy matters.

(b) Ensure adequate planning, resource management, monitoring, problem-solving, and marketing.

(c) Monitor and evaluate the IDC process and measures of effectiveness.

(d) Address problems and emerging trends in child abuse/neglect and domestic violence.

(3) The FAP consists of a group of credentialed professional counselors, per references (d) and (e), victim advocacy, case management, training, and administrative support sections. Each reported FAP case is assigned to a clinical provider. (The terms "clinical provider" and "clinician" are used interchangeably.) The clinician assesses the circumstances surrounding the incident and overall pattern of abuse, and in conjunction with the case manager, prepares the case for presentation to an IDC and the CCSM.

(a) IDC. The IDC is a multidisciplinary committee established within the FAP to assess all reported incidents of abuse. Permanent voting membership of the committee includes the Committee Chairperson, installation sergeant major (SgtMaj), military law enforcement (Provost Marshal Office (PMO), Naval Criminal Investigative Service (NCIS), Criminal Investigation Division (CID), Staff Judge Advocate (SJA)), and a trained representative appointed in writing by the CO from the service member's command (i.e., the voting representative may be accompanied by a unit member who is more familiar with the case and can provide necessary information, but only the designated command representative may vote). Commanders' representatives (from both the alleged offender's and victim's commands) are voting members on the IDC; therefore, it

is important for them to be familiar with the case prior to attending the IDC. Both commanders' representatives for dual active duty members are to be in attendance. Command representation is preferred and encouraged, but is not necessary to continue with the IDC process. A quorum of four voting members is needed to have an ISD. In every case, the FAP staff will work with the commander's representatives to provide them with as much information as possible. Enclosure (4) details the ISD process. To ensure client confidentiality, commanders' representatives will sign the IDC confidentiality form prior to hearing the case at the IDC. The IDC process requires the Chair have a second vote which can be used in case of a tiebreaker.

(b) Status Determination. The IDC should determine, based on the preponderance of information presented, whether or not an incident occurred utilizing the criteria in enclosure (5). The decision is not based on the individual's character, work performance, or other factors outside of the incident at the time in question. History is not discussed at this time unless the case is one of emotional abuse. In cases of diverging accounts, at the discretion of the Chair, the IDC may consider readily available historical information related to abuse, power, and control, as well as witness reports, to establish credibility. In cases of child neglect or sexual abuse where there appears to be a pattern of behavior or grooming behavior, guidance will be sought regarding the presentation of historical information in the status determination phase from the Family Advocacy Program Branch Head at Headquarters, MCB Quantico. In child maltreatment cases, the IDC process can occur without an abuser being identified if the abuser is unknown. Status determination is achieved based on the totality of the available information and on a "preponderance of the information" standard. A decision tree algorithm is used to facilitate the voting and assist in making ISDs for cases to be entered into the Defense Manpower Data Center's (DMDC) Central Registry. Status determination includes two categories:

1. Met Criteria. Per the decision tree for an allegation of abuse or neglect to "meet criteria," the preponderance of the information provided must indicate the incident occurred.

2. Did Not Meet Criteria. Per the decision tree, the preponderance of information/evidence indicated no abuse/neglect occurred.

(c) Clinical Case Staff Meeting (CCSM). The purpose of the CCSM is to clinically consult about the assessment and ongoing case management of interventions with families having allegations of abuse. Safety planning, supportive services, and clinical treatment are the core areas of the CCSM. The referral should not be presented to the CCSM until the FAP family assessment is complete. The CCSM operates independently from the IDC and does not need to wait for an ISD in order to make treatment and referral recommendations. Additionally, the CCSM:

1. Facilitates supportive services and appropriate treatment for victims of child or domestic abuse who are eligible for treatment in a military treatment facility (MTF), which requires military identification for dependent family members. After the recommendations of services and appropriate treatment has been made, the CCSM will report the recommendations to the sponsor's CO.

2. Provides coordinated case management, including risk assessment and ongoing monitoring of child abuse and domestic abuse victims' safety, between military and civilian agencies, consistent with reference (f).

3. Recommends specific protective measures to the commander regarding an alleged offender for a victim who is eligible to receive treatment in a MTF. Such measures include a MPO, weapons removal, relocation, escort assignment, restrictions, bar to the installation, removal of child/children, etc.

4. Recommends clinical intervention, rehabilitation, and appropriate treatment for alleged offenders who are eligible for treatment in a MTF.

5. Recommends case transfer and closure decisions.

6. Attendees

a. The FAPM or a clinical supervisor shall chair the CCSM.

b. Attendance at CCSMs is limited to those with clinical expertise in child abuse and domestic abuse and on a case-relevant basis. The FAPM shall exercise discretion in inviting other military or civilian medical, mental health, or clinical social services providers who may add value to the clinical case discussions, including:

(1) In child abuse incidents only, a representative from the civilian Child Protective Services (CPS) agency and/or a representative from the New Parent Support Program (NPSP), who is working with the victim.

(2) In domestic abuse incidents only, for the discussion of recommended safety planning, supportive and treatment services for the victim, a domestic abuse victim advocate (VA) who has worked directly with the victim.

c. Coordinating Instructions

(1) Incident Reporting. A victim is often concerned that seeking assistance will have immediate repercussions on the military career of the active duty offender, thereby affecting the family's financial welfare. This potential impact may deter some victims from seeking care or reporting domestic abuse incidents. Reference (g) provides adult victims of domestic abuse incidents two options for reporting domestic abuse, hereafter referred to as "Unrestricted" and "Restricted" reporting. Restricted reporting is limited to adult victims of domestic abuse, who are eligible to receive military medical treatment. There is no "restricted" reporting option in child maltreatment cases.

(2) Unrestricted and Restricted Reporting

(a) Unrestricted Reporting. Adult victims of domestic abuse who wish to pursue an official investigation of the incident should use standard reporting channels (e.g., chain-of-command, FAP, or law enforcement). All reports of child abuse are unrestricted reports.

(b) Restricted Reporting. Restricted reporting affords adult victims access to medical and VA services without command or law enforcement involvement and can encourage victims to feel more comfortable and safe about reporting domestic abuse. Only adult victims are eligible to elect restricted reporting. Adult victims of domestic abuse who desire restricted reporting under this policy must report the abuse to one of the following specified individuals:

1. FAP clinician

2. VA or VA supervisor

3. DoD healthcare provider

4. Military Chaplain

(c) In cases where the adult victim elects restricted reporting, the above-specified individuals may not disclose covered communications to either the victim's or offender's commander or to law enforcement within or outside the DoD, except as detailed in paragraph 4c(2)(d) of this Order. Disclosures made by adult victims in the presence of individuals not specified above may result in an unintended unrestricted report.

1. A physician, nurse, or mental health professional at a MTF will initiate the appropriate care and treatment, and will report the domestic abuse only to a VA or their supervisor, or a FAP clinician. The VA or FAP clinician shall contact the victim and provide the victim with information about the process of restricted reporting, as compared to unrestricted reporting, and offer VA services.

2. The victim will elect a reporting option in writing using the victim preference statement form provided by the VA. Victims refusing to make an election shall be informed that failure to make an election will result in an unrestricted report.

3. For purposes of command awareness and gathering of accurate data, the FAPM is responsible for reporting restricted reporting information concerning domestic abuse incidents, without providing any identifying information about the victim or offender utilizing the guidelines in enclosure (6).

(d) Exceptions to Confidentiality and Restricted Reporting and Limitations on Use. In cases in which a victim elects restricted reporting, the prohibition on disclosing covered communications to the following persons or entities will be suspended when disclosure would be for the following reasons:

1. Named individuals when disclosure is authorized by the victim in writing.

2. Command officials or law enforcement when necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person.

3. FAP and any other agencies authorized by law to receive reports of child abuse or neglect when, as a result of the victim's disclosure, the VA or healthcare provider has a reasonable belief that child abuse has also occurred. However, disclosure will be limited only to information related to the child abuse.

4. Disability Retirement Boards and officials when disclosure by a healthcare provider is required for fitness for duty for disability retirement determinations, limited to only that information which is necessary to process the disability retirement determination.

5. Supervisors of the VA or healthcare provider when disclosure is required for the supervision of direct victim treatment or services.

6. Military or civilian courts of competent jurisdiction when a military, Federal, or state judge issues a subpoena or order for the covered communications to be presented to the court or to other officials or entities when the judge orders such disclosure.

7. To other officials or entities when required by Federal or state statute or applicable U.S. international agreement.

(3) Incident Protocol

(a) Alleged offenders will be removed from their residence by military police responding to a domestic incident when probable cause exists to believe the suspected offender committed a criminal offense, poses a substantial risk to the family, or needs to separate until a CCP intake interview is completed with both parties. Anytime military police are called to a reported domestic violence scene, an incident complaint report will be filed. The PMO will notify the appropriate commander and provide recommendations for a MPO, per references (a) and (d). Enclosure (7) provides an example of a MPO. Ordinarily, offenders should not be allowed contact with the victim until the victim has been seen by a FAP counselor or VA.

(b) Offenders removed from a residence in off-base cases will be taken by civilian law enforcement officers, based on a warrant for arrest, and may be taken to the magistrate's office. The magistrate will determine whether the offender victim will be contacted. PMO personnel will then notify the appropriate commanders of the situation. The use of a MPO by a CO in these cases is recommended.

(c) Commanders are to contact the FAP on the first working day following a report of domestic violence to schedule an intake and risk assessment. The intent of the removal from quarters is to provide safety for the victim and to eliminate coercion and intimidation of the victim. The commander will notify the FAP before a MPO is rescinded to allow sufficient time to notify the victim of the potential return of the offender.

(d) Incidents that do not require the removal of the alleged offender will be handled by expedient appointments established between the commander and the CCP.

(4) Reporting and Assessment. The FAP shall notify the commander when an incident of abuse or neglect has been reported and request the alleged offender report to the FAP, per references (d) and (f), for an intake assessment. Per reference (f), the evaluation aspects of the FAP are mandatory for active duty personnel. The alleged offender and victim will be interviewed separately to minimize collusion or coercion. A risk assessment will be conducted and recommended interim safety measures will be forwarded to the commander if there is a question of potential risk to the victim(s). If a MPO is in effect, recommendations will be made to continue, modify, or cancel the MPO.

(5) Case Disposition Plans and Recommendations. The IDC shall make ISDs within 45 days of the initial report of child abuse or domestic abuse. The command representative present at the IDC meeting should brief the commander on the outcome of the proceedings. The CCSM will make written treatment recommendations to the commander for disposition or treatment plans for the victim, offender, and family members.

(6) Commander's Response. The commander shall review the recommendations and should provide a timely written response, generally within two weeks, to the FAP, indicating concurrence on all or part of the recommendations or nonoccurrence. Commanders shall support CCSM treatment recommendations.

(7) Tracking. Progress of current cases shall be monitored by the FAP clinical provider and case manager. Relevant information (level of participation, absenteeism, and amenability to rehabilitation) will be provided to the commander. Tracking will enhance victim safety measures in place. Commanders will be notified when members fail to show for their appointments and statistical reports will be issued to commanders regarding these no show rates.

(8) Case Closure or Transfer. Upon review of open cases, the case manager will recommend transfer of a case to the appropriate FAP agency in the event the service member is transferred to a new duty station and the case needs further monitoring. The clinical provider will request the CCSM close a case when:

(a) Transfer the CCSM's approved treatment plan once it is completed and there have been no subsequent incidents of abuse. FAP records identified for transfer will be sent to the gaining commander FAPM via certified mail. The losing installation will send the original case files and retain a copy until it is determined the gaining commander is in receipt of the files for continuity of care. Upon verification of receipt, the duplicate record shall be destroyed.

(b) The commander does not concur with the elements of the recommended treatment plan and case monitoring is not necessary, or the individual fails to complete the commander's mandated rehabilitation plan. If the victim continues to receive services, the case will remain open.

(c) A file may be closed when one or more of the following apply:

1. Successful completion of treatment plan and goals.

2. Three unexcused absences of scheduled appointments occur over the course of treatment. FAP must contact the command via correspondence notifying them of the Marine's unexcused absences.

(d) FAP files may be closed at the conclusion of treatment as determined by CCSM.

(9) General Principles for Clinical Intervention

(a) Goals of Clinical Intervention. The primary goals of clinical intervention in domestic abuse are to ensure the safety of the victim and community, and promote the cessation of abusive behaviors.

(b) Intervention. Successful intervention for child abuse and domestic abuse requires the multidisciplinary team approach of an effective CCR. Commands, law enforcement, and FAP personnel work in coordination to ensure victim safety. Law enforcement personnel gather investigative facts and FAP staff conduct the necessary assessments and make recommendations to the command regarding victim safety. Steps in intervention include:

1. Making a determination of the clinical and safety issues pertaining to the incident. Interventions may be an immediate response to a report or may be further developed and enhanced in the CCSM.

2. Referring the case to the IDC within 45 days of the report date.

3. Determining incident status.

4. Implementing and coordinating treatment plans.

5. Monitoring open cases.

6. Closing cases when appropriate.

7. Referring victim(s) and family members for ongoing services, as appropriate, when a case is closed due to the offender's separation from military service.

(c) All treatment curricula distributed by the Commandant of the Marine Corps (CMC) FAP (MFCP-2) must be implemented and used with FAP clients at the Installation level. Facilitators must be officially trained on the use of the curricula.

(d) Cases that have fulfilled all treatment criteria will be closed after completion of treatment, or after concerted efforts to obtain client compliance. The case file will be retained in the CCP for four years, after which it will be archived according to current directives.

(e) Status of all cases will be reported by the FAP to the DMDC Central Registry, per reference (d), under report control symbol DD-P&R(Q)2052.

(10) Reporting Abuse-Related Serious Injuries or Fatalities

(a) Every case involving death or serious injury requiring hospitalization or resulting in permanent disability to the spouse, child, or intimate partner known or suspected to be an act of domestic violence, an act of child abuse, or an act of suicide related to an act of child abuse or domestic abuse is reported by the FAPM, electronically, within 24-hours of discovery, to the CMC (MFCP-2).

(b) In addition, for those incidents resulting in death, DD Form 2901, Child Abuse or Domestic Violence Abuse Related Fatality Notification, must also be reported to CMC (MFCP-2) within 24-hours.

(c) The absence of FAP history does not preclude an incident from being presented to the IDC to determine if the death was the result of abuse. The case is then entered into the DMDC Central Registry. The FAPM is responsible for notifying the local chain of command, to include major commands, and the collection of case information.

(11) Reporting Sexual Assault. The FAP shall update the Sexual Assault Response Coordinator within 24-hours on any incident of sexual assault. In sexual assault incidents, the FAP shall provide counseling and advocacy services to ensure victim safety and support. However, sexual assault is a criminal act punishable under reference (h), as well as civilian law. Adult victims of sexual assault may have a restricted reporting option. The VA will provide additional information regarding restricted reporting. Sexual assault cases involving active duty service members are reported, per reference (g).

5. Administration and Logistics. Refer to enclosure (8) for required reporting requirements.

6. Command and Signal

a. Command. This Order is applicable to Marine Corps Base, Camp Lejeune; Marine Corps Air Station, New River (MCAS NR); their subordinate commands, and all tenant organizations.

b. Signal. This Order is effective the date signed.

M. L. SCALISE
Deputy Commander

DISTRIBUTION: A/B/C

Definitions

1. Alleged Abuser. An individual reported to the FAP for allegedly having committed child abuse or domestic abuse.

2. Child. An unmarried person under 18 years of age for whom a parent, guardian, foster parent, caregiver, employee of a residential facility, or any staff person providing out-of-home care is legally responsible. The term means a biological child, adopted child, stepchild, foster child, or ward. The term also includes a sponsor's family member (except the sponsor's spouse) of any age who is incapable of self-support because of a mental or physical incapacity, and for whom treatment in a DoD medical treatment program is authorized.

3. Child Abuse. The physical, sexual, or emotional abuse, or neglect of a child by a parent, guardian, foster parent, or by a caregiver, whether the caregiver is intrafamilial or extrafamilial, under circumstances indicating the child's welfare is harmed or threatened. Such acts by a sibling, other family member, or other person shall be deemed to be child abuse only when the individual is providing care under express or implied agreement with the parent, guardian, or foster parent.

4. Domestic Abuse. Defined in reference (f) of this Order.

5. Domestic Violence. Defined in reference (f) of this Order.

6. FAC. The policy-making, coordinating, recommending, and overseeing body for the installation FAP.

7. Family Advocacy Command Assistance Team. A multidisciplinary team composed of specially trained and experienced individuals who are on-call to provide advice and assistance on cases of child sexual abuse that involve DoD-sanctioned activities.

8. FAP. A program of coordinated efforts designed to prevent and intervene in cases of family violence, and promote healthy family life through prevention, direct services (including identification and reporting, assessment, treatment, rehabilitation, and follow-up), administration, evaluation, and training.

9. FAPM. The individual designated by the installation commander or garrison commander per DoD Component implementing guidance to manage the Installation FAP, supervise FAP staff, and coordinate all FAP activities with other activities.

10. IDC. A multidisciplinary team of designated individuals working at the Installation level, tasked with the evaluation of reports of child abuse and domestic abuse to the FAP to determine whether they meet the relevant criteria for alleged child abuse and domestic abuse for entry into the DMDC Central Registry of child abuse and domestic abuse reports. Formerly known as the Case Review Committee, or CRC.

11. Incident Status. The IDC determination of whether or not the reported incident meets the relevant criteria for alleged child abuse or domestic abuse for entry into the DMDC Central Registry of child abuse and domestic abuse reports.

12. NPSP. Defined in reference (j) of this Order.

13. Out-of-Home Care. The responsibility of care for and supervision of a child in a setting outside the child's home by an individual placed in a caretaker role sanctioned by a Military Service or Defense Agency or authorized by the Service or Defense Agency as a provider of care. Examples include a child development center, school, recreation program, family child care, and child care activities that may be conducted as a part of a chaplain's program or as part of another morale, welfare, and recreation program.

14. Restricted Report. A report of an incident of domestic abuse by an adult victim who is eligible to receive military medical treatment, including a civilian or contractor who is eligible to receive military healthcare outside the continental U.S. on a reimbursable basis, to a domestic abuse VA or healthcare provider without initiating the investigative process or notification to the victim's or alleged offender's commander.

15. Unrestricted Report. A report of an incident of domestic abuse by any person, including an adult victim that uses current reporting channels (e.g., the chain of command, military or civilian law enforcement or criminal investigative organization, and the FAP for clinical intervention). A mishandled restricted report that involves a disclosure to anyone other than the aforementioned personnel will be treated as an unrestricted report.

Sample Appointment Letter Assigning Primary/Alternate Family Advocacy Officer

UNITED STATES MARINE CORPS
MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE
PSC BOX 20005
CAMP LEJEUNE NC 28542-0005

1754
G-1
Date

From: Commanding General, Marine Corps Installations East-Marine Corps Base, Camp Lejeune
To: The Appointed Primary or Alternate Family Advocacy Officer

Subj: APPOINTMENT AS PRIMARY [ALTERNATE] FAMILY ADVOCACY OFFICER FOR THE FAMILY ADVOCACY PROGRAM (FAP) INCIDENT DETERMINATION COMMITTEE (IDC) MARINE CORPS BASE, CAMP LEJEUNE

Ref: (a) DoDM 6400.01 Volume 1, Family Advocacy Program (FAP): FAP Standards of 3 March 2015
(b) MCIEAST-MCB CAMLEJO 1754.1A

1. Per the references, effective this date, you are appointed as the Command Primary [Alternate] Family Advocacy Officer for the FAP IDC. Your responsibilities as the representative at the IDC are outlined in the references. You will also receive training and guidance from the FAP Manager on your duties as an IDC member.

2. This letter supersedes all previous FAP related appointment letters.

3. If you have any questions regarding IDC Command representation, please contact the FAP Office at (703) 784-2570/3523.

SIGNATURE

Copy to:
COS
FAPM

Responsibilities of Family Advocacy Committee (FAC) Members

1. The FAC will be a multidisciplinary team appointed in writing by the installation commander. The FAC will advise on the Installation FAP's procedures, training, policy matters, and program evaluation efforts and will address the overall administrative details of the FAP.

2. The installation commander will serve as Chair to the FAC, or if unavoidably absent, may delegate the position to that of a military field grade officer.

3. The FAPM is the subject matter expert and will provide logistical support for the FAC.

4. The FAC members shall have functional responsibility for prevention, identification, reporting, investigation, diagnosis, and treatment of child abuse and domestic abuse. In addition to the chairperson and the FAPM, the FAC must include the following at a minimum:

a. Installation SgtMaj

b. Director, Marine and Family Programs Division

c. FAP Prevention Specialist

d. SJA

e. PMO, CID, or NCIS

f. Chaplain

g. MTF representative

h. DoDDS School Representative if applicable

5. Other representatives may be invited to participate in the FAC if deemed appropriate by the FAPM

6. FAC Functions. The FAC meeting will be held at least quarterly. Minutes will be maintained that reflect the following content areas (as determined by the FAPM in conjunction with the installation commander):

a. Recommendations for FAP programs and procedures

b. Improvements for ensuring a CCR

c. Resourcing issues

d. Identification of long-range, intermediate, and immediate FAP needs and actions for implementation to include a corrective action plan.

e. Accreditation monitoring and oversight on corrective actions

f. Community trends/risks that involve the FAP

g. Analysis/discussion on installation level quarterly data on child abuse and domestic abuse.

h. Results of evaluation on prevention training program

i. Identification and monitoring of quality improvement concerns

Incident Status Determination (ISD) Process

1. IDC

a. Purpose. The purpose of the IDC is to decide which referrals for suspected child abuse or unrestricted domestic abuse meet the DoD criteria that define such abuse, requiring entry into the DMDC Central Registry. This decision is known as the ISD. Referrals presented to the IDC shall also include incidents of alleged abuse or neglect in which the victim has died in connection with such alleged abuse or neglect. The IDC will convene at the location that has the primary managing authority for the case.

(1) With respect to child abuse incidents, an ISD may differ from a case substantiation decision made by a civilian CPS agency. Such differences may occur because the DoD criteria that define the type of abuse may be more or less inclusive than the criteria used by the civilian CPS agency and because the IDC may have different or more information than the civilian CPS.

(2) An IDC meeting is not a disciplinary proceeding, and the evidence, rules, and requirements for due process for disciplinary proceedings do not apply to IDC meetings and determinations.

(a) A commander may not take administrative or disciplinary action against a service member based solely upon the ISD for an act of child abuse, domestic abuse, or intimate partner abuse allegedly committed by that service member. This in no way increases or restricts a commander's ability to determine appropriate accountability for an offense committed by the service member.

(b) When making an initial disposition with respect to an act of child abuse and domestic abuse, a commander may consider information that was presented to the IDC. Additionally, information presented to an IDC may also be introduced into evidence applicable to the proceeding in question. This in no way increases or restricts a commander's ability to determine appropriate accountability for an offense committed by the service member.

(3) In rare circumstances with complex cases, the IDC may decide the available information is insufficient to make a determination within the required timelines. The motion to table a case may be made by any IDC voting member and shall be voted upon by all members. These cases are reviewed monthly to ensure a determination can be made in a timely manner. Commanders are encouraged not to wait for ISD results prior to taking action, if any, upon the service member.

b. Composition. The IDC will be a multidisciplinary team appointed in writing by the Installation commander. The IDC model requires active participation by the Installation SgtMaj, or his designated representative, as the IDC Chairperson for MCB CAMLEJ, and unit commanders (battalion/squadron level), or the unit commander's designee, appointed by that unit commander. The CO, MCAS NR, or his designated representative (no more than one pay grade lower), will serve as the IDC Chairperson for MCAS NR.

(1) The committee will consist of the following core voting members:

(a) IDC Chairperson

(b) CO, or his designated representative (MCAS NR)

(c) Installation SgtMaj (MCB CAMLEJ)

(d) A military officer or staff noncommissioned officer (SNCO) from the PMO, CID, and/or a Special Agent of the NCIS.

(e) Judge Advocate from the SJA Office

(f) The FAPM

(2) The IDC Chair shall ensure appropriate senior ranking members are appointed from the above identified organizations.

(3) The following parties are non-permanent (non-core) members:

(a) Unit Commander

1. The Unit Commander (squadron or battalion level) of the active duty alleged offender or active duty victim, or the active duty sponsor in cases of child abuse, should participate in the IDC and is a voting member. In cases of dual military, both commanders are voting members.

2. Unit Commanders (squadron or battalion level) serving as convening authorities shall appoint a primary and secondary officer to participate in the IDC process. This officer shall not be more than one grade lower in rank than the commander. Additionally, the commander should ensure a trained alternate is available to act in the primary command representative's absence. The secondary command representative should be of the same rank as the primary command representative.

(b) Attendance at the IDC is limited to individuals with an authorized "need to know" or who have relevant information to present. No active duty service member or family member who is an alleged abuser or victim is authorized to attend the IDC, nor is an attorney for such individuals permitted to attend the IDC. However, if additional information is required to determine whether an incident meets the appropriate criteria as outlined in this Order, the IDC Chairperson may invite a non-voting guest to attend and present pertinent relevant information.

c. Notice of IDC Meeting

(1) The IDC shall meet, at a minimum, monthly.

(2) The FAPM shall serve as the IDC coordinator and shall oversee the compiling and distribution of the agenda for each meeting to each IDC member no less than 10 days before the scheduled IDC meeting.

(3) Staff should exhaust all reasonable means to ensure alleged offenders and victims are notified regarding upcoming IDC meetings on their case.

d. Quorum. IDCs shall not make an ISD unless four voting members are present.

e. Deliberations

(1) Relevant Information. The IDC shall only discuss that information related and pertinent to the specific allegation(s) presented, and the criteria each type of alleged abuse requires as set forth in this Order. Such information need not meet the requirements for admissibility under the Military Rules of Evidence.

(a) All reports of child abuse and/or unrestricted domestic abuse shall be brought to the IDC for status determination when the alleged offender, alleged victim, or non-offending parent is on active duty.

(b) Any information otherwise protected from disclosure may be disclosed to the IDC.

(c) The FAPM shall introduce the case and ensure ISDs are made on an incident by first identifying each type of alleged abuse. The commander of the sponsor shall open the discussion of the incident by presenting the information the command has received about the incident. When a law enforcement response or criminal investigation has occurred with respect to the incident, the PMO, CID, or NCIS shall present information for the criteria relevant to the incident. Each IDC member and authorized guest may present additional information relevant to determining whether the incident met the appropriate criteria as listed in this Order.

(d) In cases of diverging accounts, at the discretion of the Chairperson, the IDC may consider readily available historical information related to abuse, power, and control, as well as witness reports, to establish credibility.

(e) Separate allegation numbers will be created for each victim and each incident of abuse.

(f) Victim Impact Statements shall not be brought before or considered by an IDC.

(2) ISD Voting. The IDC shall make ISDs within 45 days of the initial report of child or domestic abuse.

(a) Core members or their alternates, and all involved active duty members' commanders or their alternates, shall participate in ISD voting, with the Chair voting last. Each voting member shall cast a vote based on the totality of the available information and on a "preponderance of the information" standard. A decision tree algorithm found in enclosure (9) is used to facilitate the voting and assist in making ISDs for cases to be entered into the DMDC Central Registry.

(b) The decision whether the incident meets the specified criteria shall be made by a majority vote. The Chair shall cast the tiebreaking vote. The Chair may request information from each IDC member on why they voted as such prior to casting the tiebreaking vote. For purposes of whether or not to enter the reported incident into the DMDC Central Registry, recantation by the victim shall not, in and of itself, be used to conclude that abuse did not occur.

(c) Each type of abuse has two possible criteria:

1. Part A: An act or failure to act

2. Part B: Physical injury or harm or reasonable potential for physical injury or harm, or psychological harm or reasonable potential for psychological harm, or stress-related somatic symptoms resulting from such act or failure to act.

(d) There may be a Part C containing one or more exclusions that negate Parts A and B criteria.

(e) Some cases will have multiple incidents of abuse perpetrated by the same alleged offender to the same victim disclosed during the initial assessment. In these cases, only one case shall be opened and the IDC shall vote only on the incident that was originally reported. Other incidents that are disclosed during the initial assessment are not considered reports unless they have been reported to other official reporting entities outside of the FAP assessment. However, if the initial report is of multiple incidents of different types of abuse, each of those incidents shall be assessed and taken to the IDC.

(f) If a new allegation of abuse is made after the ISD, then that incident shall be fully assessed and brought before the IDC for voting even if it is similar in act or impact to previously reported incidents.

(3) Voting for Part A. Each voting member shall vote "meets" or "does not meet" criteria for Part A for each type of abuse set forth in this Order.

(a) If the vote indicates the IDC determined the incident did not meet the specified criteria for Part A for the type of abuse, the ISD shall be determined as "did not meet criteria." No further IDC discussion or deliberation concerning the incident is required.

(b) If the vote indicated the IDC determined the incident met the specified criteria for Part A, the IDC shall consider the Part B criteria. If there are no Part B criteria, the ISD shall be determined as "meets criteria" and no further IDC discussion or deliberation concerning the incident is required.

(4) Voting Part B. If the IDC determined the incident met the specified criteria for Part A for each type of abuse, each voting member shall vote "meets" or "does not meet" criteria for Part B; each member who voted on part A must also vote on Part B, regardless of agreement of whether or not Part A met criteria.

(a) If the vote indicates an incident met the criteria for Part A but did not meet the specified criteria for Part B for the type of abuse, the ISD shall be determined as "did not meet criteria." No further IDC discussion or deliberation concerning the incident is required.

(b) If the vote indicated an incident met the criteria for Parts A and B for the type of abuse, the ISD shall consider the Part C criteria. If there are no Part C criteria, the ISD shall be determined as "meets criteria" and no further IDC discussion or deliberation concerning the incident is required.

(5) Voting Part C. If the IDC determined the incident met criteria for Parts A and B, each voting member shall vote "meets" or "does not meet" the specified criteria for any Part C exclusions. If the vote indicates the incident does not meet the specified criteria for any Part C exclusion, then the ISD shall

be determined as "meets criteria." If the vote indicates the incident meets the specified criteria for Part C exclusion, then the ISD shall be determined as "does not meet criteria."

f. Record of IDC Deliberations

(1) Ensure unit commanders receive a disposition letter on each case brought before an IDC. Disposition letters contain privacy-sensitive information. As such, these letters shall be addressed to the appropriate CO. The case manager will notify the family member or other person who is an alleged abuser, victim, or parent of a victim of the ISD determination. No further information pertaining to the IDC and ISD decision process shall be disclosed.

(2) The FAPM shall ensure an explanation of the FAP process and timelines for reviewing the ISD is communicated to the unit commander of each active duty member involved in an ISD and to the family member of any other person who is an alleged abuser, victim, or parent of a victim.

(3) The FAPM shall ensure ISD data is entered into the DMDC Central Registry within 15 business days of the ISD. Upon entry completion, the submission is processed for submission to the CMC and the internal Abuse Report is printed from the database and entered in the installation FAP case file.

(4) Minutes of the meetings must be written and kept on file for two years at the local FAP office. At a minimum, the minutes will include the following:

(a) Administrative. Date of meeting, members present, members absent, and others present.

(b) Cases. Incident number and type of abuse alleged, referral date, overview of incident, ISD to include tallied votes for each portion of the decision tree algorithm. No Personally Identifiable Information will be included in the minutes.

(5) The FAPM shall sign and record the ISD in the offender's FAP record of the incident. The ISD shall be recorded in the FAP record, but shall NOT be included or otherwise noted in the medical or service record of any service member or family member.

2. Review of an IDC Decision

a. Information regarding the review process shall be provided to the alleged abuser, victim, or a parent on behalf of a child victim, in a statement of rights during a FAP assessment as well as in the IDC disposition letter.

b. The alleged abuser, victim, or a parent on behalf of a child victim, commander, or initiating IDC member may request, in writing, IDC reconsideration based upon either of the following:

(1) The IDC did not have all the relevant information when it made its finding. In such a case, the requestor will be afforded the opportunity to provide documentation that was not available at the time of the IDC determination or was not considered at such time. This information must have existed or been

discovered within 30 days of the IDC determination. Information that is not available due to the requestor's failure to cooperate during intake and interviews is not a basis for a request for reconsideration.

(2) Evidence the IDC did not follow policy published in this Order. During reconsideration, the IDC will follow the same published procedures for evaluation, presentation, and determination used during an initial IDC review. Accordingly, an ISD may be made only if a preponderance of the available information could potentially change the outcome of the ISD. The case re-evaluation and determination will be documented in the record and IDC minutes.

c. The request to the IDC must be made in writing to the installation commander via the requestor's commander no more than 30 calendar days after the decision.

d. It must clearly state what relevant information was not presented to the IDC or what published policy or procedure was not followed and the information supporting that position.

e. Only one reconsideration request will be considered for each incident. Treatment will not be suspended, interrupted, or postponed pending the outcome of the review.

f. If the installation commander denies a review of the ISD, a request for CMC (MFCP-2) to evaluate the request for ISD review may be made within 30 calendar days by the requestor. The 30 calendar days starts with the notification of the denial of the request for review from the installation. The CMC (MFCP-2) will determine if a review is warranted. Service members must submit requests through the chain of command to the CMC (MFCP-2). Non-service members must submit requests through the FAPM to the CMC (MFCP-2).

g. If the request for the ISD review is approved at either level, the FAP shall notify both the offender and the victim or non-offending parent that an ISD review has been ordered and will be heard by the IDC. In this notification the FAP shall provide the date of the pending IDC and offer the involved parties an opportunity to schedule an assessment with a FAP clinician prior to the IDC date to present any new information about that incident when paragraph 2b(1) of this enclosure is the basis for review. The ISD review shall not be delayed due to a lack of subsequent assessment of the offender, victim, or non-offending parent.

Criteria for Incident Determination Committee (IDC) of Reports of Child Abuse and Domestic Abuse

1. Child Physical Abuse. The non-accidental use of physical force on the part of a child's caregiver.

a. Child Physical Abuse Part A. Physical force includes, but is not limited to, at least one of the following:

(1) Hitting with open hand or slapping, including spanking

(2) Dropping

(3) Pushing or shoving

(4) Grabbing or yanking limbs or body

(5) Poking

(6) Hair-pulling

(7) Scratching

(8) Pinching

(9) Restraining or squeezing

(10) Shaking

(11) Throwing

(12) Biting

(13) Kicking

(14) Hitting with fist

(15) Hitting with a stick, strap, belt, electrical cord, or other object

(16) Scalding or burning

(17) Poisoning

(18) Stabbing

(19) Applying force to throat

(20) Strangling or cutting off air supply

(21) Holding under water

(22) Brandishing or using a weapon

b. Child Physical Abuse Part B. More than inconsequential physical injury, involving any of the following:

(1) Any injury to the face or head

(2) Any injury to a child under two years of age

(3) A more-than-superficial bruise. The bruise was a color other than very light red or had a total area exceeding that of the victim's hand or was tender to a light touch.

(4) A more-than-superficial cut or scratch. The cut or scratch was bleeding and required pressure to stop the bleeding.

(5) Bleeding internally or from mouth or ears

(6) A welt (a bump or ridge raised on the skin)

(7) Loss of consciousness

(8) A burn

(9) Loss of functioning, including but not limited to a sprain, broken bone, detached retina, or a loose or chipped tooth.

(10) Damage to an internal organ

(11) Disfigurement, including but not limited to scarring

(12) Swelling lasting at least 24 hours

(13) Pain felt in the course of normal activities AND at least 24 hours after the physical injury was suffered. If the child is unable to report orally or in writing about pain or is inaccessible to clinical authorities for assessment of pain, the criterion of harm is met if the nature of the injury would typically result in such a level of pain.

(14) Death

(15) Reasonable potential for more than inconsequential physical injury, given the:

(a) Inherent dangerousness of the act

(b) Degree of force used

(c) Physical environment in which the acts occurred

(16) More than inconsequential fear reaction. Fear (verbalized or displayed) of bodily injury to self or others, AND at least one of the following signs of fear or anxiety lasting at least 48 hours:

(a) Persistent intrusive recollections of the incident, including recollections as evidenced in the child's play.

(b) Marked negative reactions to cues related to the incident, including the presence of the alleged offender, as evidenced by:

1. Avoidance of cues

2. Subjective or overt distress to cues

3. Physiological hyper-arousal to cues

(c) Acting or feeling as if the incident is recurring

(d) Marked symptoms of increased arousal, including any of the following:

1. Difficulty falling or staying asleep

2. Irritability or outbursts of anger

3. Difficulty concentrating

4. Hyper-vigilance (i.e., acting overly sensitive to sounds and sights in the environment, scanning the environment expecting danger, feeling keyed up and on edge).

(e) Exaggerated startle response

c. Part C: Exclusion From Child Physical Abuse Part A. Any non-accidental act of physical force shall NOT be considered to meet the criteria for Part A if it is determined to be:

(1) An act committed to protect the caregiver from imminent physical harm. The act must include ALL of the following:

(a) The act occurred while the child was in the act of using physical force. "In the act" begins with the initiation of motoric behavior that typically would result in an act of physical force, such as charging at the caregiver to hit him or her, and ends when the use of force is no longer imminent.

(b) The sole function of the act was to stop the child's use of physical force, and did not include punishment for the child's use of physical force.

(c) The act used only that force that was minimally sufficient to stop the child's use of physical force.

(2) An act committed during developmentally appropriate physical play with the child, including, but not limited to, horseplay, wrestling, and tackle football.

(3) An act committed to protect the child or another person from imminent physical harm, including, but not limited to, grabbing the child to prevent the child from being hit by a vehicle, taking a weapon from a suicidal child, or physically intervening to prevent the child from inflicting injury on another person. However, this does not include non-accidental use of physical force as punishment for the child's behavior that may have subjected the child or another person to the risk of imminent harm.

2. Child Sexual Abuse. Sexual activity by a caregiver with a child for the purpose of sexual gratification of the child, the alleged offender, or any other person.

a. Child Sexual Abuse Part A

(1) Sexual Exploitation Without Direct Contact. Forcing, tricking, enticing, threatening, or pressuring a child to participate in an act for the sexual gratification of the child, the alleged offender, or any other person without direct physical contact between the child and the alleged offender. Sexual gratification means providing sexual arousal or pleasure or appealing to prurient interest, but does not require overt evidence of arousal such as an erection, vaginal lubrication, ejaculation, or orgasm.

(2) Sexual exploitation acts include, but are not limited to:

(a) Exposing the child's genitals or anus or, if the child is a female, the child's breasts.

(b) Exposing the alleged offender's genitals or anus or, if the alleged offender is a female, the alleged offender's breasts, to the child.

(c) Having the child masturbate or watch any other person masturbate.

(d) Having the child participate in sexual activity with a third person, including child prostitution.

(e) Having the child pose, undress, or perform in a sexual fashion, including posing or performing for child pornography.

(f) Exposing the child to child pornography, adult pornography, or a live sexual performance.

(g) Engaging in voyeurism ("peeping") or other prurient watching of a child's genitals or anus or, if the child is a female, the child's breasts without the child's knowledge.

(3) Rape or Intercourse. The caregiver's use of force, emotional manipulation, trickery, threatening, or taking advantage of the child's youth or naïveté to engage in penetration of the vagina, however slight:

(a) By the penis

(b) By a hand or finger or any object with the intent to abuse, humiliate, harass, or degrade the child, or to arouse or gratify the sexual desire of the alleged offender, the child, or any other person.

(4) Sodomy. The caregiver's engaging in any of the following:

(a) Placing the alleged offender's sexual organ in the mouth or anus of a child, however slight the penetration; or

(b) Taking into the alleged offender's mouth or anus the sexual organ of a child, however slight the penetration.

(5) Molestation. Physical contact of a sexual nature not involving rape, intercourse, or sodomy between the child and the caregiver, including, but not limited to any of the following:

(a) The fondling or stroking of the genitals or buttocks, directly or through clothing, with the intent to abuse, humiliate, harass, or degrade the child, or to arouse or gratify the sexual desire of the alleged offender, the child, or any other person.

(b) The fondling or stroking of a female's breast, directly or through clothing, with the intent to abuse, humiliate, harass, or degrade the child, or to arouse or gratify the sexual desire of the alleged offender, the child, or any other person.

(c) The attempted penile penetration of the vagina, anus, or mouth.

(d) The attempted penetration of the vagina, with a hand or finger or any object with the intent to abuse, humiliate, harass, or degrade the child, or to arouse or gratify the sexual desire of the alleged offender, the child, or any other person.

b. Child Sexual Abuse Part B. Any act of child sexual abuse that meets the criteria of Part A shall be considered to have a significant impact on the child, which is the criterion for part B. No voting is required for Part B.

c. Part C: Exclusion From Child Sexual Abuse. There are NO exclusions from any act of child sexual abuse. No voting is required for Part C.

3. Child Emotional Abuse. A non-accidental act or acts, including the following and any other act not listed of similar severity, but excluding an act that meets the criteria of child physical abuse or child sexual abuse:

a. Child Emotional Abuse Part A

(1) Berating, disparaging, degrading, scapegoating, or humiliating the child, or other similar behavior directed toward the child.

(2) Threatening the child, including but not limited to indicating or implying future physical abuse, abandonment, or sexual abuse.

(3) Harming or indicating the caregiver will harm a person or thing the child cares about, such as:

(a) A loved one, including but not limited to a relative or friend of the child.

(b) A pet

(c) Real or tangible property

(4) Abandoning or indicating that the caregiver will abandon a person or thing the child cares about, such as:

(a) A loved one, including but not limited to a relative or friend of the child.

(b) A pet

(c) Real or tangible property

(5) Restricting the child's movement by:

(a) Fastening the child's arms or legs together;

(b) Binding the child to a chair, bed, or other object; or

(c) Confining a child to an enclosed area, such as a closet.

(6) Coercing the child to inflict pain on himself or herself, including, but not limited to:

(a) Ordering the child to kneel on split peas, rice, or similar substance for long periods.

(b) Ordering the child to ingest a highly spiced food, spice, or herb.

(7) Disciplining the child through non-physical means or with the non-accidental use of force that does not meet the criteria of child physical abuse, when such discipline is excessive because there is disproportion between the:

(a) Frequency of punishment and the infrequency of the child's bad behavior;

(b) Severity of punishment and the undesirability of the child's bad behavior; and

(c) Duration of punishment and the undesirability of the child's bad behavior.

b. Child Emotional Abuse Part B. Significant impact on the child involving ANY of the following:

(1) Psychological harm, including:

(a) More than inconsequential fear reaction.

(b) Significant psychological distress related to the act, including one or more psychiatric disorders at or near diagnostic thresholds as defined by the latest edition of the Diagnostic and Statistical Manual of Mental Disorders.

(2) Reasonable potential for psychological harm, including either when:

(a) The act or pattern of acts creates reasonable potential for the development of a psychiatric disorder, at or near diagnostic threshold, related to or exacerbated by the act(s) when taken into consideration with the child's level of functioning and any risk and resilience factors present; or

(b) The act, or pattern of acts, carries a reasonable potential for significant disruption of the child's physical, psychological, cognitive,

or social development by substantially worsening the child's developmental level and trajectory that was evident before the alleged emotional abuse.

(3) Stress-related somatic symptoms related to or exacerbated by the act or pattern of acts significantly interfere with normal functioning, including aches and pains, migraines, gastrointestinal problems, or other stress-related physical ailments.

c. Part C: Exclusion From Child Emotional Abuse. The following shall NOT be considered to meet the criteria for Part A:

(1) Any generally accepted caregiving practice such as: confining a small child in a child car seat or safety harness, or swaddling an infant; or

(2) Any generally accepted disciplinary practice proportionate to the seriousness of the child's behavior that involves: restriction of a child's normal privileges (e.g., "grounding" a child).

4. Child Neglect. The negligent treatment of a child through egregious acts or omissions below the lower bounds of normal caregiving, which shows a striking disregard for the child's well-being, under circumstances indicating the child's welfare has been harmed or threatened by the deprivation of age-appropriate care. Defiance of base guidance may be cause for referral to FAP for services, but it is not necessarily neglectful unless the alleged act or omission meets the criteria for Parts A and B.

a. Child Neglect Part A. Any of the following:

(1) Abandonment. This includes the absence of the caregiver with no intent to return or the absence of the caregiver from the home for more than 24 hours without having arranged for an appropriate surrogate caregiver. Any act of child abandonment that meets the criteria of Part A child neglect shall be considered to have a significant impact on the child, which is the criterion for Part B. No voting is required for Part B for abandonment.

(2) Lack of Supervision. Egregious absence or inattention, taking into account the child's age and level of functioning.

(3) Exposure to Physical Hazards. Inattention to the child's safety by exposing the child to physical dangers or home hazards including, but not limited to:

(a) Exposed electrical wiring

(b) Broken glass

(c) Non-secured, loaded firearms in the home

(d) Illegal drugs in the home

(e) Dangerous or unhygienic pet

(f) Asking the child to perform dangerous activities

(g) Driving a vehicle while intoxicated, with the child in the vehicle

(h) Hazardous chemicals

(i) Unhygienic living conditions dangerous to health

(j) Caregivers known to be abusive

(k) An act of domestic violence close enough to the child to have created a risk of injury to the child.

(4) Educational Neglect. When education is compulsory by law, any of the following:

(a) Knowingly allowing the child to have extended or frequent absences from school.

(b) Neglecting to enroll the child in appropriate home schooling or public or private education.

(c) Preventing the child from attending school for other than justifiable reasons.

(5) Neglect of healthcare. Refusal or failure to provide appropriate healthcare, including, but not limited to, failure to obtain appropriate professionally indicated medical, mental health, or dental services, procedures, or medications, although the caregiver was financially able to do so or was offered other means to do so. It includes withholding of medically indicated treatment for a child with life-threatening conditions.

(6) Deprivation of Necessities. This is defined as the failure to provide age-appropriate nourishment, shelter, and clothing to the child. It includes non-organic failure to thrive as determined by a competent medical authority.

b. Child Neglect Part B. Significant impact on the child involving ANY of the following:

(1) More-than-inconsequential physical injury including heat exhaustion or heat stroke.

(2) Reasonable potential for more than inconsequential physical injury given the act(s) or omission(s) and the child's physical environment.

(3) Psychological harm, as set forth in paragraph 3b(1) of this enclosure.

(4) Reasonable potential for psychological harm

(5) Stress-related somatic symptoms

c. Part C: Exclusion From Child Neglect. The following shall NOT be considered to meet the relevant criteria for Part A:

(1) Unattended Older Child in a Vehicle. A caregiver's leaving a child age 10 or older unattended in a vehicle for a brief period of time in a safe area DOES NOT meet the Part A criterion for lack of supervision.

(2) Unforeseen Lack of Supervision or Exposure to Physical Hazards. When lack of supervision or exposure to physical hazards occurs, but a person who is not the caregiver is directly responsible for such lack of supervision or exposure to physical hazards, such lack of supervision or exposure to physical hazards does not meet the Part A criterion IF the IDC concludes that a reasonably competent caregiver would not have foreseen such lack of supervision or exposure to physical hazards by such other person.

(3) First Time Exclusion. The Part A criteria for lack of supervision or exposure to physical hazards are not met if ALL of the following criteria are met:

(a) The impact on the child meets the criteria for potential harm, but NOT for actual harm.

(b) The caregiver has no other significant risk factors for neglect (e.g., low self-esteem, high impulsivity, lack of social support, high daily stress, substance abuse diagnosis).

(c) Two-thirds of the voting members determine the neglect to have barely met criteria.

(d) There has been no previous incident of problematic caregiving, as evidenced by both of the following:

1. The caregiver has not come to the attention of any community helper (including, but not limited to, teachers, security forces, medical professionals, civilian authorities) for potential child abuse or extreme parenting practices; and

2. The caregiver has not been reported to the FAP or a civilian CPS agency previously for allegations of child abuse or child neglect.

5. Intimate Partner Physical Abuse. The non-accidental use of physical force against a current or former intimate partner.

a. Intimate Partner Physical Abuse Part A. Such physical force includes, but is not limited to at least one of the acts set forth in paragraph 6 of this enclosure.

b. Intimate Partner Physical Abuse Part B. Significant impact on the intimate partner involving ANY of the following:

(1) Any physical injury, including, but not limited to:

(a) Pain that lasts at least four hours

(b) A bruise

(c) A cut

(d) A sprain

(e) A broken bone

(f) Loss of consciousness

(g) Death

(2) Reasonable potential for more than inconsequential physical injury given:

(a) The inherent dangerousness of the act

(b) The degree of force used

(c) The physical environment in which the acts occurred

(3) More than inconsequential fear reaction as set forth in paragraph 6 of this enclosure.

c. Part C: Exclusion From Intimate Partner Physical Abuse. Any non-accidental use of physical force act that meets any of the following situations shall NOT be considered to meet the criterion for Part A. These exclusions do not include subsequent non-accidental use of physical force against the intimate partner that was not protective.

(1) The act was committed to protect the alleged offender from imminent physical harm from the intimate partner who was in the act of using physical force. The act must include ALL of the following:

(a) The act occurred while the intimate partner was in the act of using physical force. "In the act" begins with the initiation of motoric behavior that typically would result in an act of physical force, such as charging at the alleged offender to hit him or her, and ends when the use of force is no longer imminent.

(b) The sole function of the act was to stop the intimate partner's use of physical force.

(c) The act used only that force that was minimally sufficient to stop the intimate partner's use of physical force.

(2) The act was committed to protect the alleged offender from imminent physical harm from the intimate partner who had previously threatened the alleged offender with more than inconsequential physical injury. This requires that:

(a) The act followed the intimate partner's verbal or non-verbal threat to imminently inflict more than inconsequential physical injury on the alleged offender; and

(b) The IDC determined there was at least one previous incident of the intimate partner's inflicting more than inconsequential physical injury on the alleged offender. "More than inconsequential physical injury" shall have the meaning set forth in paragraph 6 of this enclosure.

(3) The act was committed to protect the intimate partner or another person from imminent physical harm, including, but not limited to:

(a) Grabbing or pushing the intimate partner to prevent him or her from being hit by a vehicle.

(b) Taking a weapon away from a suicidal intimate partner.

(c) Stopping the intimate partner from inflicting physical abuse on a child as set forth in paragraph 1a of this enclosure.

(4) The act was committed during physical play with the intimate partner, including, but not limited to, horseplay, wrestling, and tackle football.

6. Intimate Partner Sexual Abuse. A sexual act with the intimate partner without the consent of the intimate partner or physical contact of a sexual nature against the expressed wishes of the intimate partner. Corroboration of the report of the intimate partner is NOT required to meet the Part A criteria for intimate partner sexual abuse. A sexual act is:

a. Contact between the penis and the vulva, or the penis and the anus, involving penetration, however slight;

b. Contact between the mouth and the penis, vulva, or anus; or

c. Penetration of the anal or genital opening by a hand, finger, or other object.

d. Intimate Partner Sexual Abuse Part A. Any of the following:

(1) The use of physical force to compel the intimate partner to engage in a sex act against his or her will, whether or not the sex act is completed.

(2) The use of a physically aggressive act in paragraph 1a of this enclosure or use of one's body, size, or strength, or an emotionally aggressive act in paragraph 7a of this enclosure, to coerce the intimate partner to engage in a sex act, whether or not the sex act is completed.

(3) An attempted or completed sex act involving an intimate partner who is unable to provide consent. The intimate partner is unable to understand the nature or conditions of the act, to decline participation, or to communicate unwillingness to engage in the sexual act because of illness, disability, being asleep, being under the influence of alcohol or other drugs, or other reasons.

(4) Physical contact of a sexual nature, including but not limited to, kissing, groping, rubbing, or fondling, directly or through clothing, of the intimate partner that does not meet the criteria of paragraphs 6d(1) through 6d(3) of this enclosure, but is against the expressed wishes of the intimate partner.

e. Intimate Partner Sexual Abuse Part B. Any act that meets the criteria for Part A intimate partner sexual abuse shall be considered to have a significant impact on the intimate partner, which is the criterion for Part B. No voting is required for Part B for intimate partner sexual abuse.

f. Part C: Exclusion From Intimate Partner Sexual Abuse. There are NO exclusions from any act of spouse sexual abuse or from any act of intimate partner sexual abuse that meets the criteria for Part A.

7. Intimate Partner Emotional Abuse. A non-accidental act or acts, excluding physical abuse or sexual abuse, or threat adversely affecting the psychological well-being of a current or former intimate partner.

a. Intimate Partner Emotional Abuse Part A. Including, but not limited to, any one or more of the following:

(1) Interrogating the intimate partner.

(2) Berating, disparaging, or humiliating the intimate partner or using other similar behavior against the intimate partner.

(3) Isolating the intimate partner from his or her family, friends, or social support resources.

(4) Interfering with the intimate partner's adaptation to American culture or the military subculture.

(5) Restricting the intimate partner's access to or use of economic resources despite an obviously grave economic situation, when such restriction does not reasonably obstruct the intimate partner from recklessly incurring debts for which the alleged offender would be responsible for repayment.

(6) Restricting the intimate partner's access to or use of appropriate military services and benefits, including, but not limited to, taking away the intimate partner's military identification card.

(7) Obstructing the intimate partner from obtaining medical, mental health, or dental services.

(8) Restricting the intimate partner's ability to come and go freely when such restriction is not intended to prevent the intimate partner from committing an act or acts injurious to the intimate partner and act or acts that may injure another person.

(9) Trying to make the intimate partner believe he or she is mentally ill, and/or trying to make others think the intimate partner is mentally ill.

(10) Threatening to harm the intimate partner directly or indirectly, including, but not limited to, by threatening to:

(a) Inflict physical or sexual abuse on the intimate partner.

(b) Harm the intimate partner's children, pets, or people the intimate partner cares about.

(c) Damage or destroy the intimate partner's property.

(11) Harming the intimate partner's children, pets, or property.

(12) Stalking the intimate partner.

(13) Obstructing the intimate partner's access to protective assistance, including, but not limited to, assistance from:

(a) A military domestic violence VA or the FAP.

(b) An appropriate military commander.

(c) A military or civilian law enforcement agency.

(d) An attorney.

(e) A civilian court of competent jurisdiction.

(f) A civilian domestic violence program of shelter, support, or other assistance.

b. Intimate Partner Emotional Abuse Part B. Significant impact on the intimate partner involving ANY of the following:

(1) Psychological harm, including ANY of the following:

(a) More than inconsequential fear reaction (fear, verbalized or displayed) as set forth in paragraph 1b of this enclosure, but excluding "intrusive recollections as evidenced in the child's play;"

(b) Significant psychological distress as set forth in paragraph 3b(1)(b) of this enclosure;

1. Fear of an emotionally abusive act that significantly interferes with the intimate partner's ability to carry out any of five major life activities: employment, education, religious faith, obtaining necessary medical or mental health services or following prescribed treatment, or contact with family or friends;

2. Stress-related somatic symptoms as set forth in paragraph 3b(3) of this enclosure.

(2) Part C: Exclusion From Intimate Partner Emotional Abuse. There are NO exclusions from any act of intimate partner emotional abuse that meets the criteria for Part A.

8. Neglect of Spouse. A type of domestic abuse in which the alleged offender withholds necessary care or assistance for his or her current spouse who is incapable of self-care physically, psychologically, or culturally, although the caregiver is financially able to do so or has been offered other means to do so.

a. Neglect of Spouse Part A. The IDC must determine that ALL of the following conditions are present:

(1) The alleged offender withholds, or withholds the spouse's access to, any of the following:

(a) Appropriate, medically indicated healthcare, including, but not limited to appropriate medical, mental health, or dental care;

(b) Appropriate nourishment, shelter, clothing, or hygiene; or

(c) Caregiving for more than 24 hours without having arranged for an appropriate surrogate caregiver.

(2) The alleged offender is able to provide care, or access to care, or has been offered assistance to do so.

(3) The spouse is incapable of self-care due to substantial limitations in one or more of the following areas:

(a) Physical, including, but not limited to quadriplegia,

(b) Psychological or intellectual, including, but not limited to vegetative depression, very low intelligence, or psychosis, or

(c) Cultural, including, but not limited to the inability to communicate in English or the inability to manage activities of rudimentary daily living in American culture.

b. Neglect of Spouse Part B. Deprivation-related significant impact involves either of the following:

(1) More-than-inconsequential physical injury, as set forth in paragraph 1 of this enclosure, but excluding "any injury to a child under two years of age" AND including heat exhaustion or heat stroke.

(2) Reasonable potential for more than inconsequential physical injury, given:

(a) The reason(s) the spouse is incapable of self-care;

(b) The care required for the spouse's condition(s); and

(c) The more-than-inconsequential injury the spouse could suffer if appropriate access to care is withheld.

c. Part C: Exclusion from Neglect of Spouse. There are NO exclusions from any act of spouse neglect that meet the criteria for Part A.

Family Advocacy Program Manager (FAPM) Guidelines

1. Manage elements that contribute to the FAP. Supervise and monitor the installation FAP, including:

a. Personnel actions and contract coordination

b. Job and/or work center descriptions

c. Administrative and quality assurance standards

d. Performance evaluation and counseling

e. Supervision and training

2. Ensure compliance with the FAP standard operating procedures (SOPs), as outlined in this Order.

3. Act as the expert advisor and consultant on FAP issues and concerns to commanders. Act as consultant and expert advisor on child and spouse maltreatment matters to commanders.

4. Develop written protocols and an installation SOP for implementation of the local FAP.

5. Using references (c), (d), and (f) as guides, identify all incidents of suspected family violence, and ensure a full, timely, and coordinated discussion of all spouse or child abuse cases before the IDC.

6. Report instances of abuse, in a timely manner, to the DMDC Central Registry using report control symbol DD-P&R(Q)2052.

7. Provide recommendations and coordinate actions to ensure the safety of victims and family members, and ensure crisis intervention and victim advocacy services are offered.

8. Coordinate and supervise case management within the FAP. Maintain FAP case records, per guidelines in references (c) and (d).

9. Ensure reports required by references (a), (c), (d), and (f) are submitted on time.

10. Serve as a member of the FAC.

11. Serve as subject matter expert on the IDC and appoint a clinical supervisor as the acting subject matter expert when unavailable for the IDC.

12. Train the IDC members in the proper method of running the IDC, and of the sensitive nature of FAP cases.

13. Act as the commander's and PMO's point of contact and conduit for information to the command and PMO regarding the FAP.

14. Through the CCR, ensure FAP services are available aboard the installation or in the adjacent community to meet the needs of the installation. Examples of such services are the NPSP, victim advocacy, crisis lines, outreach, prevention programs, crisis intervention, counseling, rehabilitation programs, and other direct intervention.

15. Interact and form professional liaison through the CCR with additional support services such as community crisis lines and emergency shelters, local respite services, other military and civilian family services, legal assistance (on and off base/station), emergency funding or clothing (Navy-Marine Corps Relief Society, American Red Cross), and others as appropriate.

16. Coordinate direct treatment to families and children, or to the victims of abuse and the perpetrators of abusive behavior.

17. Establish an education program in the prevention of and intervention in family maltreatment for the installation.

18. Coordinate the installation response to prevention and intervention in FAP incidents with the PMO, Naval Hospital, Department of Social Services, and with military and community-based prevention efforts.

19. Coordinate the ongoing training and education plan at the installation for officers at all levels, SNCOs, NCOs, enlisted Service members, family members, civilian employees, special groups (such as the SJA, Child Development Advisory Council, Child Development Center staff), PMO, NCIS, and youth activities leaders.

20. Monitor the training on child abuse/neglect to child care personnel, per references (l) and (j) of this Order.

21. Assist the Family Care Program in screening child care providers by initiating the:

a. Screening of records of the DMDC Central Registry and previous duty stations.

b. Training child care providers on child abuse or neglect prevention to obtain their required credentialing.

22. Institute necessary steps to safeguard case data and DMDC Central Registry data from unauthorized disclosure.

23. Assist in providing direct counseling services through installation privileged counselors within the Behavioral Health branches when necessary.

24. Ensure unit commanders are advised of the disposition and management of each reported and substantiated FAP case that involved members of their command and keep the installation commander informed concerning high visibility cases.

Military Protective Order (MPO)

MILITARY PROTECTIVE ORDER

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of the form and how it will be used. Please read it carefully.

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; and National Defense Authorization Act for Fiscal Year 1995, Sec. 534.

PRINCIPAL PURPOSE(S): To inform the service member and the protected person that the commanding officer is issuing an order to the member prohibiting contact or communication with the protected person or members of the protected person's family or household and directing that the member take specified actions that support, or are in furtherance of, the prohibition.

ROUTINE USE(S): Any release of information outside of the Department of Defense shall be compatible with the purposes for which the information is being collected and shall be in accordance with an established routine use for the record system where the information is maintained.

DISCLOSURE: Voluntary. Failure to disclose/verify information will not delay either the issuance of the order or the enforceability of the order.

1. SERVICE MEMBER				2. PROTECTED PERSON *(Important: see NOTE)*			
a. RANK	b. LAST NAME	FIRST NAME	MI	a. RANK	b. LAST NAME	FIRST NAME	MI
c. UNIT				c. UNIT			
d. INSTALLATION				d. INSTALLATION			

NOTE: Omit information in Item 2 that, if known to the service member in Item 1, could endanger the protected person.

3. INFORMATION SUPPORTING ISSUANCE OF THIS MILITARY PROTECTIVE ORDER

4. THE PROTECTED PERSON HAS ALSO BEEN ISSUED THE FOLLOWING COURT ORDERS:

a. Civil protection order issued *(Date - YYYYMMDD)* _____, in _____ Court, _____ County, State of _____

b. Order issued *(Date - YYYYMMDD)* _____, in _____ Court, _____ County, State of _____

☐ Property Settlement

☐ Custody and/or Visitation

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5. As a Commanding Officer with jurisdiction over the above-named service member, I find that there is sufficient reason to conclude that the issuance of an order is warranted in the best interest of good order and discipline. It is hereby ordered that *(initial applicable portions)*:

	a. The above-named service member is restrained from initiating any contact or communication with the above-named protected person either directly or through a third party. For purposes of this order, the term "communication" includes, but is not limited to, communication in person, or through a third party, via face-to-face contact, telephone, or in writing by letter, data fax, or electronic mail. If the protected person initiates any contact with the service member, the service member must immediately notify me regarding the facts and circumstances surrounding such contact.
	b. The above-named service member shall remain at all times and places at least _____ feet away from the above-named protected person and members of the protected person's family or household including, but not limited to, residences and workplaces. Members of the protected person's family or household include:
	c. The above-named service member will vacate the military residence shared by the parties located at:
	d. Until further notified, the above-named service member will be provided temporary military quarters at:
	e. The above-named service member will attend the following counseling:
	f. The above-named service member will surrender his/her government weapons custody card at the time of issuance of this order.
	g. The above-named service member will dispose of his/her personal firearm(s) that are located or stored on the installation at the time of issuance of this order.
	h. Exceptions to this order will be granted only after an advance request is made to me and approved by me.
	i. Other specific provisions of this order:

6. DURATION: The terms of this order shall be effective until _____, unless sooner rescinded, modified, or extended in writing by me.
ENFORCEABILITY: Violation of this order or an applicable civilian protection order shall constitute a violation of Article 90 of the Uniform Code of Military Justice.

a. COMMANDING OFFICER'S SIGNATURE	b. DATE *(YYYYMMDD)*

7. I hereby acknowledge receipt of a copy of this order and attest that I understand the terms and conditions it imposes on me.

a. SERVICE MEMBER'S SIGNATURE	b. DATE *(YYYYMMDD)*

DISTRIBUTION: Service member; Service member's local personnel file; Protected person (Custodial parent of protected child)

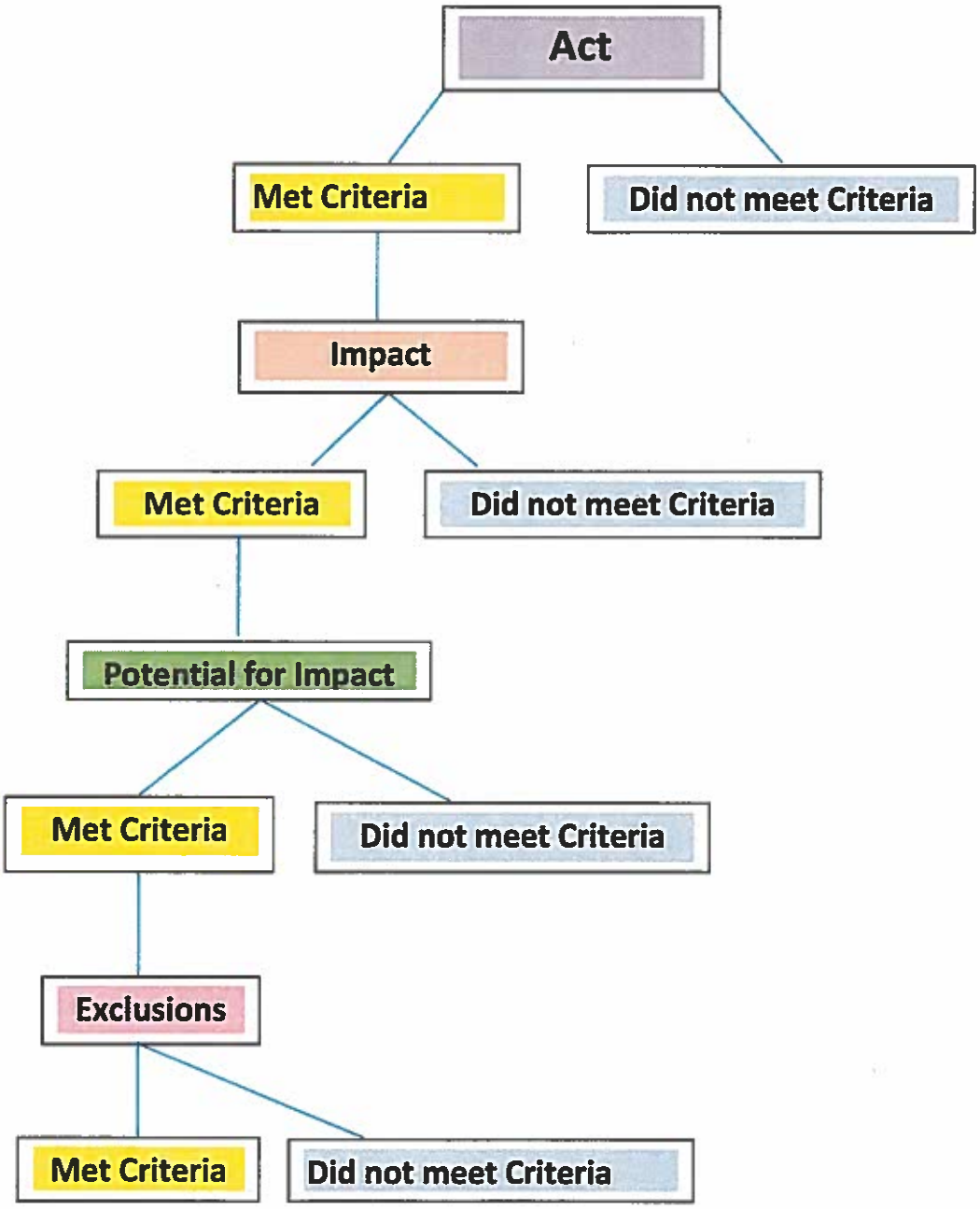
DD FORM 2873 (BACK), JUL 2004

Reset

Reports Required

REPORT TITLE		REPORT CONTROL SYMBOL	PARAGRAPH
I.	Institutional Child Abuse and Neglect	DD-1752-01	4c(3)(4)
II.	Family Advocacy Report of Death/Serious Injury	DD-1752-02	4c(10)
III.	Child/Spouse Abuse Incident Report	DD-1752-03	4c(9)(e)
IV.	Marine Corps Family Advocacy Program Fiscal Year Program and Review	DD-1752-04	encl (5) 3f(3)
V.	Personal Services Quarterly Summary Report	DD-1740-02	encl (4)5
VI.	Law Enforcement and Physical Security Activities	EXEMPT	4(2)(e)

Decision Tree Algorithm



*Acts of sexual abuse do not review impact because it is assumed; if there's an act, then there is impact.